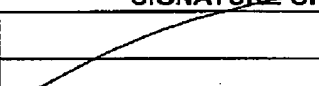
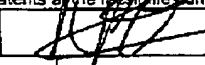


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0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	09/683,861
TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Filing Date	02/22/02
		First Named Inventor	Otillar, et. al
		Group Art Unit Number	1645
		Examiner Name	Ludlow
		Attorney Docket Number	none
Total Number of Pages in This Submission			

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	
Attorney/Reg. No.:	Dated:


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I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.	
Signature:	
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**IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE**

APPLICANT(S):	Robert P. Otilar et al.
APPLICATION NO.:	09/683,861
FILING DATE:	February 22, 2002
TITLE:	System and Methods for Localizing and Analyzing Samples on a Bio-Sensor Chip
EXAMINER:	Ludlow
GROUP ART UNIT:	1743
ATTY. DKT. NO.:	None
CERTIFICATE OF MAILING/TRANSMISSION	
I hereby certify that this correspondence is being deposited/faxed on the date shown below to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, fax number (571) 273-8300.	
Dated: November 6, 2006	By:  Robert P. Otilar

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ALEXANDRIA, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT


SIR:

Responsive to the Office Action dated October 5, 2006 received in the above-identified patent application, applicant elects Group IIIB (claims 59-73, 76, and 78) without traverse.

Consideration of the claims is respectfully requested, and a notice of allowance is earnestly solicited. If the Examiner has any questions concerning this Response, please contact the Applicant at (415) 317-2008.

Respectfully submitted,

Dated: November 6, 2006



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